



INVITATION TO BID NO: 10-X-2213303

STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING

INVITATION TO BID

REQ. AGENCY : 999999
PURCHASING DIVISION
AGENCY REQ. NO. :
T-NUMBER : T151
DATE ISSUED : 12/04/09
VENDOR NO. :
VENDOR PHONE NO. :
SNAP REQ. NO. : 1430577
BUYER NAME : BERNIE ARANT

FOR: ANALYSIS OF PAP SMEARS

BUYER PHONE NO. : (334) 242-4201-
PURCHASING PHONE NO: (334) 242-7250

BID MUST BE RECEIVED BEFORE:
DATE: 12/29/09 TIME: 5:00 PM

BIDS WILL BE PUBLICLY OPENED:
DATE: 12/30/09 TIME: 10:00 AM

TO BE COMPLETED BY VENDOR

INFORMATION IN THIS SECTION SHOULD BE PROVIDED, AS APPROPRIATE. BID RESPONSE
MUST BE IN INK OR TYPED WITH ORIGINAL SIGNATURE AND NOTARIZATION.

1. DELIVERY: CAN BE MADE _____ DAYS OR _____ WEEKS AFTER RECEIPT OF ORDER
2. TERMS: _____(DISCOUNTS ARE TAKEN WITHOUT REGARD TO DATE OF PAYMENT.)
3. PRICE VALID FOR ACCEPTANCE WITHIN _____ DAYS.
4. VENDOR QUOTATION REFERENCE NUMBER, IF ANY: _____
(THIS NUMBER WILL APPEAR ON THE PURCHASE ORDER.)
5. E-MAIL ADDRESS: _____
INTERNET WEBSITE: _____
6. GENERAL CONTRACTOR'S LICENSE NO: _____
TYPE OF G.C. LICENSE: _____

***** IMPORTANT NOTE: *****

BIDDERS MUST COMPLY WITH ALL "BID RESPONSE INSTRUCTIONS" ON PAGE 2, TO INCLUDE
ITEM 7 - COPY REQUIREMENT.

RETURN INVITATION TO BID:

US MAIL

COURIER

STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING
P O BOX 302620
MONTGOMERY, AL 36130-2620

STATE OF ALABAMA
DIVISION OF PURCHASING
RSA UNION BUILDING
100 N. UNION ST., SUITE 192
MONTGOMERY, AL 36104

SIGNATURE AND NOTARIZATION REQUIRED

I HAVE READ THE ENTIRE BID AND AGREE TO FURNISH EACH ITEM OFFERED AT THE PRICE QUOTED.
I HERBY AFFIRM I HAVE NOT BEEN IN ANY AGREEMENT OR COLLUSION AMONG BIDDERS IN
RESTRAINT OF FREEDOM OF COMPETITION BY AGREEMENT TO BID AT A FIXED PRICE OR TO
REFRAIN FROM BIDDING.

SWORN TO AND

FEIN OR SSN

AUTHORIZED SIGNATURE (INK)

SUBSCRIBED BEFORE ME THIS

COMPANY NAME

TYPE/PRINT AUTHORIZED NAME

_____ DAY OF _____

MAIL ADDRESS

TITLE

NOTARY PUBLIC

CITY, STATE, ZIP

TOLL FREE NUMBER

TERM EXP: _____

PHONE INCLUDING AREA CODE

FAX NUMBER

STANDARD TERMS & CONDITIONS

VENDOR NAME :

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AUTHORITY:

THE DEPARTMENT OF FINANCE CODE OF ADMINISTRATIVE PROCEDURE, CHAPTER 355-4-1 EFFECTIVE DECEMBER 20, 2001 IS INCORPORATED BY REFERENCE AND MADE A PART OF THIS DOCUMENT. TO RECEIVE A COPY CALL (334)242-7250, OR OUR WEBSITE WWW.PURCHASING.ALABAMA.GOV .

INFORMATION AND ASSISTANCE TO MINORITY BUSINESSES IN THE TECHNICAL COMPLETION OF REQUIRED FORMS MAY BE OBTAINED FROM THE OFFICE OF MINORITY BUSINESS ENTERPRISE, 1-800-447-4191.

BID (ITB) RESPONSE INSTRUCTIONS

REV: 09/18/09

1. TO SUBMIT A RESPONSIVE BID, READ THESE INSTRUCTIONS, ALL TERMS, CONDITIONS AND SPECIFICATIONS.
2. BID ENVELOPES/PACKAGES/BOXES MUST BE IDENTIFIED ON FRONT, PREFERABLY LOWER LEFT CORNER AND BE VISIBLE WITH THE BID NUMBER AND OPENING DATE. EACH INDIVIDUAL BID (IDENTIFIED BY A UNIQUE BID NUMBER) MUST BE SUBMITTED IN A SEPARATE ENVELOPE. RESPONSES TO MULTIPLE BID NUMBERS SUBMITTED IN THE SAME ENVELOPE/COURIER PACKAGE, THAT ARE NOT IN SEPARATE ENVELOPES PROPERLY IDENTIFIED, WILL BE REJECTED. THE DIVISION OF PURCHASING DOES NOT ASSUME RESPONSIBILITY FOR LATE BIDS FOR ANY REASON INCLUDING THOSE DUE TO POSTAL, OR COURIER SERVICE. BID RESPONSES MUST BE IN THE DIVISION OF PURCHASING OFFICE PRIOR TO THE "RECEIVE DATE AND TIME" INDICATED ON THE BID.
3. BID RESPONSES (PAGE 1, PRICE SHEET AND ADDENDUMS (WHEN SIGNATURE IS REQUIRED)) MUST BE IN INK OR TYPED ON THIS DOCUMENT. OR EXACT FORMAT WITH SIGNATURES BEING HANDWRITTEN ORIGINALS IN INK (PERSON SIGNING BID, NOTARY, AND NOTARY EXPIRATION), OR THE BID WILL BE REJECTED. UNLESS INDICATED IN THE BID, ALL PRICE PAGES MUST BE COMPLETED AND RETURNED. IF AN ITEM IS NOT BEING BID, IDENTIFY IT AS NB (NO-BID). PAGES SHOULD BE SECURED. THE DIVISION OF PURCHASING DOES NOT ASSUME RESPONSIBILITY FOR MISSING PAGES. FAXED BID RESPONSES WILL NOT BE ACCEPTED.
4. THE UNIT PRICE ALWAYS GOVERNS REGARDLESS OF THE EXTENDED AMOUNT. A UNIT PRICE CHANGE ON A LINE MUST BE INITIALED BY THE PERSON SIGNING THE BID, OR THAT LINE WILL BE REJECTED. THIS INCLUDES A CROSS-OUT, STRIKE-OVER, INK-OVER, WHITE-OUT, ERASURE, OR ANY OTHER METHOD CHANGING THE PRICE.
5. A "NO BID" MUST BE RETURNED TO REMAIN ON A CLASS/SUBCLASS. RETURN PAGE 1 OR NOTIFICATION PAGE MARKED "NO-BID". IDENTIFY IT ON THE ENVELOPE AS A "NO-BID". FAILING TO RESPOND TO 3 ITB'S WITHIN THE SAME CLASS/SUBCLASS WILL AUTOMATICALLY PURGE THE VENDOR FROM THAT CLASS/SUBCLASS. RESPONDING WITH 6 "NO-BIDS" WITHIN THE SAME CLASS/SUBCLASS WILL AUTOMATICALLY PURGE THE VENDOR FROM THAT CLASS/SUBCLASS. A "NO-BID" RECEIVED LATE IS CONSIDERED A NO RESPONSE.
6. THE DIVISION OF PURCHASING IS NOT RESPONSIBLE FOR MISINTERPRETATION OF DATA FAXED FROM THIS OFFICE.
7. THE DIVISION OF PURCHASING REQUIRES AN ORIGINAL AND A MINIMUM OF ONE COMPLETE EXACT COPY (TO INCLUDE SIGNATURE AND NOTARY) OF THE INVITATION-TO-BID RESPONSE. THE ORIGINAL AND THE COPY SHOULD BE SUBMITTED TOGETHER AS A BID PACKAGE. FAILURE TO MARK RESPONSES AS "ORIGINAL" AND/OR "COPY" COULD RESULT IN THE ENTIRE BID RESPONSE BEING REJECTED.
8. AN IMPROPERLY SUBMITTED BID, LATE BID, OR BID THAT IS CANCELLED ON OR BEFORE THE OPENING DATE WILL BE HELD FOR 90 DAYS AND THEN DESTROYED. THE BID MUST BE RETRIEVED DURING REGULAR WORK HOURS, MONDAY - FRIDAY, EXCEPT STATE HOLIDAYS. AFTER THE BID IS DESTROYED, THE DIVISION OF PURCHASING ASSUMES NO RESPONSIBILITY FOR THE DOCUMENT.

DISQUALIFIED/CANCELLED BID

BIDS THAT ARE IMPROPERLY SUBMITTED OR RECEIVED LATE WILL BE A RESPONSE FOR RECORD, BUT WILL NOT BE RETURNED OR A NOTIFICATION MAILED.

THE FOLLOWING IS A PARTIAL LIST WHEREBY A BID RESPONSE WILL BE DISQUALIFIED:

BID NUMBER NOT ON FACE OF ENVELOPE/COURIER PACKAGE/BOX
RESPONSES TO MULTIPLE BID NUMBERS IN SAME ENVELOPE NOT PROPERLY IDENTIFIED
BID RECEIVED LATE
BID NOT SIGNED/NOT ORIGINAL SIGNATURE
BID NOT NOTARIZED/NOT ORIGINAL SIGNATURE OF NOTARY AND/OR NO NOTARY EXPIRATION
NOTARIZED OWN SIGNATURE
REQUIRED INFORMATION NOT SUBMITTED WITH BID
FAILURE TO SUBMIT THE ORIGINAL BID AND A COMPLETE EXACT COPY

CERTIFICATION PURSUANT TO ACT NO. 2006-557

ALABAMA LAW (SECTION 41-4-116, CODE OF ALABAMA 1975) PROVIDES THAT EVERY BID SUBMITTED AND CONTRACT EXECUTED SHALL CONTAIN A CERTIFICATION THAT THE VENDOR, CONTRACTOR, AND ALL OF ITS AFFILIATES THAT MAKE SALES FOR DELIVERY INTO ALABAMA OR LEASES FOR USE IN ALABAMA ARE REGISTERED, COLLECTING, AND REMITTING ALABAMA STATE AND LOCAL SALES, USE, AND/OR LEASE TAX ON ALL TAXABLE SALES AND LEASES INTO ALABAMA. BY SUBMITTING THIS BID, THE BIDDER IS HEARBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ACT NO. 2006-557, THEY ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-116, AND ACKNOWLEDGES THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.

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INTENT TO AWARD

EFFECTIVE MAY 1, 2008, THE STATE OF ALABAMA - DIVISION OF PURCHASING WILL ISSUE AN 'INTENT TO AWARD' BEFORE A FINAL AWARD IS MADE. THE 'INTENT TO AWARD' WILL CONTINUE FOR A PERIOD OF FIVE (5) CALENDAR DAYS, AFTER WHICH A PURCHASE ORDER WILL BE PRODUCED. UPON FINAL AWARD, ALL RIGHTS TO PROTEST ARE FORFEITED. A DETAILED EXPLANATION OF THIS PROCESS MAY BE REVIEWED IN THE ALABAMA ADMINISTRATIVE CODE - CHAPTER 355-4-1(14).

ALTERNATE BID RESPONSE

UNLESS STATED ELSEWHERE IN THIS INVITATION-TO-BID (ITB) THE STATE OF ALABAMA WILL ACCEPT AND EVALUATE ALTERNATE BID SUBMITTALS ON ANY ITB'S. ALTERNATE BID RESPONSES WILL BE EVALUATED ACCORDING TO THE REQUIREMENTS AS ALL OTHER RESPONSES TO THIS ITB.

INTERNET WEBSITE LINK'S

INTERNET AND/OR WEBSITE LINKS WILL NOT BE ACCEPTED IN BID RESPONSES AS A MEANS TO SUPPLY ANY REQUIREMENTS STATED IN THIS ITB (INVITATION-TO-BID).

PRODUCT DELIVERY, RECEIVING AND ACCEPTANCE

IN ACCORDANCE WITH THE UNIVERSAL COMMERCE CODE (CODE OF ALABAMA, TITLE 7), AFTER DELIVERY, THE STATE OF ALABAMA HAS THE RIGHT TO INSPECT ALL PRODUCTS BEFORE ACCEPTING. THE STATE WILL INSPECT PRODUCTS IN A REASONABLE TIMEFRAME. SIGNATURE ON A DELIVERY DOCUMENT DOES NOT CONSTITUTE ACCEPTANCE BY THE STATE. THE STATE WILL ACCEPT PRODUCTS ONLY AFTER SATISFACTORY INSPECTION.

SALES TAX EXEMPTION

PURSUANT TO THE CODE OF ALABAMA, 1975, TITLE 40-23-4 (A) (11), THE STATE OF ALABAMA IS EXEMPT FROM PAYING SALES TAX. AN EXEMPTION LETTER WILL BE FURNISHED UPON REQUEST.

INVOICES

INQUIRIES CONCERNING PAYMENT AFTER INVOICES HAVE BEEN SUBMITTED ARE TO BE DIRECTED TO THE RECEIVING AGENCY, NOT THE DIVISION OF PURCHASING

BID RESPONSES AND BID RESULTS

UNEVALUATED BID RESPONSES (NOT BID RESULTS) ARE AVAILABLE ON OUR WEB SITE AT WWW.PURCHASING.ALABAMA.GOV. BID RESULTS WILL BE MADE AVAILABLE FOR REVIEW IN THE DIVISION OF PURCHASING OFFICE, BUT ONLY AFTER THE BID HAS BEEN AWARDED. WE DO NOT FAX OR MAIL COPIES OF BID RESULTS. IF A VENDOR WISHES TO REVIEW BID RESULTS IN OUR OFFICE, THEY SHOULD FAX THEIR REQUEST TO REVIEW THE BID TWO DAYS IN ADVANCE TO THE "BID REVIEW CLERK" AT (334) 242-4419. BE SURE TO REFERENCE THE BID NUMBER.

FOREIGN CORPORATION - CERTIFICATE OF AUTHORITY

ALABAMA LAW PROVIDES THAT A FOREIGN CORPORATION (AN OUT-OF-STATE COMPANY/FIRM) MAY NOT TRANSACT BUSINESS IN THE STATE OF ALABAMA UNTIL IT OBTAINS A CERTIFICATE OF AUTHORITY FROM THE SECRETARY OF STATE. SECTION 10-2B-15.01, CODE OF ALABAMA 1975. TO OBTAIN FORMS FOR A CERTIFICATE OF AUTHORITY, CONTACT THE SECRETARY OF STATE, CORPORATIONS DIVISION, (334) 242-5324. THE CERTIFICATE OF AUTHORITY DOES NOT KEEP THE VENDOR FROM SUBMITTING A BID.

BID IDENTIFICATION

REFERENCE PAGE 2, ITEM 2. DUE TO THE POSTAL SERVICE PUTTING BAR CODE LABELS ON ENVELOPES, IT CONCEALS THE BID NUMBER AND DATE IF THE VENDOR HAS WRITTEN THEM OTHER THAN THE LOWER LEFT CORNER, THEREFORE THE BID WOULD BE REJECTED FOR NOT BEING PROPERLY IDENTIFIED.

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PURPOSE:

ESTABLISH A CONTRACT FOR THE ANALYSIS OF PAP SMEARS TO BE USED BY THE STATE OF ALABAMA AND MAY BE USED BY LOCAL GOVERNMENTAL AGENCIES, WHICH IS OPTIONAL.

FIRM PRICING:

PRICES QUOTED MUST BE FIRM FOR THE CONTRACT PERIOD STIPULATED HEREIN, EXCEPT THE STATE SHALL BE ADVISED AND RECEIVE THE BENEFIT OF ANY PRICE DECREASE.

ALL FIGURES INDICATED IN THE BID ARE ESTIMATES. THE STATE DOES NOT GUARANTEE THAT IT WILL PROVIDE ANY SPECIFIC NUMBER OF SPECIMENS.

REFERENCE FRONT PAGE OF BID, ITEM 1, DELIVERY: THE FIGURE TO BE INDICATED IS THE TURN AROUND TIME FROM THE TIME A SPECIMEN IS RECEIVED IN THE VENDOR'S LABORATORY UNTIL THE COMPLETE REPORT, AS OUTLINED IN APS-151, IS RETURNED TO THE ORIGINATING CLINIC.

AWARD:

AWARD WILL BE MADE "ALL OR NONE" TO THE LOWEST RESPONSIBLE BIDDER MEETING ALL SPECIFICATIONS.

FREIGHT:

BID IS F.O.B. DESTINATION. ANY FREIGHT CHARGES MUST BE INCLUDED IN THE BID PRICES.

CONTRACT PERIOD:

ESTABLISH A 12 MONTH CONTRACT WITH AN OPTION TO EXTEND FOR A SECOND, THIRD, FOURTH, AND FIFTH 12 MONTH PERIOD WITH THE SAME PRICING, TERMS AND CONDITIONS. THE SECOND, THIRD, FOURTH, OR FIFTH 12 MONTH PERIOD, IF AGREED BY BOTH PARTIES, WOULD BEGIN THE DAY AFTER THE FIRST, SECOND, THIRD, OR FOURTH 12 MONTH PERIOD EXPIRES. ANY SUCCESSIVE EXTENSION MUST HAVE WRITTEN APPROVAL OF BOTH THE STATE AND VENDOR NO LATER THAN 30 DAYS PRIOR TO EXPIRATION OF THE PREVIOUS 12 MONTH PERIOD.

ORDERING PROCESS:

PURCHASES FOR STATE AGENCIES WILL BE MADE BY CONTRACT RELEASE ORDERS SHOWING SPECIFIC SHIPPING INFORMATION. CITIES, COUNTIES, SCHOOL SYSTEMS AND OTHER POLITICAL SUBDIVISIONS WILL BE RESPONSIBLE FOR ISSUING THEIR OWN PURCHASE ORDERS DIRECTLY TO THE VENDOR.

NON-APPROPRIATION OF FUNDS:

CONTINUATION OF ANY AGREEMENT BETWEEN THE STATE AND A BIDDER BEYOND A FISCAL YEAR IS CONTINGENT UPON CONTINUED LEGISLATIVE APPROPRIATION OF FUNDS FOR THE PURPOSE OF THIS BID AND ANY RESULTING AGREEMENT. NON-AVAILABILITY OF FUNDS AT ANY TIME SHALL CAUSE ANY AGREEMENT TO BECOME VOID AND UNENFORCEABLE AND NO LIQUIDATED DAMAGES SHALL ACCRUE TO THE STATE AS A RESULT. THE STATE WILL NOT INCUR LIABILITY BEYOND THE PAYMENT OF ACCRUED AGREEMENT PAYMENT.

PRORATION:

ANY PROVISION OF A CONTRACT RESULTING FROM THIS BID TO THE CONTRARY NOTWITHSTANDING, IN THE EVENT OF FAILURE OF THE STATE TO MAKE PAYMENT HEREUNDER AS A RESULT OF PARTIAL UNAVAILABILITY, AT THE TIME SUCH PAYMENT IS DUE, OF SUCH SUFFICIENT REVENUES OF THE STATE TO MAKE SUCH PAYMENT (PRORATION OF APPROPRIATED FUNDS FOR THE STATE HAVING BEEN DECLARED BY THE GOVERNOR PURSUANT TO SECTION 41-4-90 OF THE CODE OF ALABAMA 1975), THE CONTRACTOR SHALL HAVE THE OPTION, IN ADDITION TO THE OTHER REMEDIES OF THE CONTRACT, OF RENEGOTIATING THE CONTRACT (EXTENDING OR CHANGING PAYMENT TERMS OR AMOUNTS) OR TERMINATING THE CONTRACT.

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QUANTITY:

THE EXACT QUANTITY OF PURCHASES FOR EACH ITEM LISTED IS NOT KNOWN. QUANTITY SHOWN REFLECTS ESTIMATED ANNUAL USAGE ONLY. THE DIVISION OF PURCHASING DOES NOT GUARANTEE THAT THE STATE WILL BUY ANY AMOUNT. ORDERS WILL BE PLACED BY AGENCIES AS NEEDED AND WILL GIVE COMPLETE SHIPPING INSTRUCTIONS.

ALABAMA DEPARTMENT OF PUBLIC HEALTH (ADPH)
CYTOLOGY SPECIFICATIONS

I. GENERAL REQUIREMENTS:

THE LABORATORY MUST PROVIDE EVIDENCE OF THE FOLLOWING:

- * HAVE ON ITS STAFF A BOARD CERTIFIED PATHOLOGIST WITH TRAINING AND CURRENT EXPERIENCE IN CYTOPATHOLOGY, PREFERABLE WITH ADDED QUALIFICATIONS IN CYTOPATHOLOGY (I.E. A CYTOPATHOLOGY RESIDENCY WITH PASSING OF THE CYTOPATH BOARDS).
 - A. ANY PHYSICIAN READING AND REPORTING UPON (SMEARS) MUST POSSESS EITHER A REGULAR LICENSE OR A SPECIAL PURPOSE LICENSE FROM THE STATE OF ALABAMA BOARD OF MEDICAL EXAMINERS IN ACCORDANCE WITH CHAPTER 24 OF TITLE 34 OF THE CODE OF ALA. 1975.
- * CERTIFICATION BY CLIA (CLINICAL LABORATORY IMPROVEMENT AMENDMENTS) AND PROVIDE A SUMMARY REPORT OF THE MOST RECENT CLIA INSPECTION UPON REQUEST.
- * THE LABORATORY'S CYTOTECHNOLOGISTS ARE GRADUATES OF AN ACCREDITED SCHOOL OF CYTOTECHNOLOGY AND ARE REGISTERED THROUGH EXAMINATION BY THE AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS (ASCP).
 - A. ALL PERSONNEL EXAMINING PAP SMEARS HAVE PASSED A CLIA APPROVED PROFICIENCY TEST.
- * LABORATORY ORGANIZATIONAL CHART.
- * DESCRIPTION OF LABORATORY FACILITIES QUALITY CONTROL PROGRAM.
- * LABORATORY MUST USE THE 2001 BETHESDA CLASSIFICATION SYSTEM OF REPORTING CYTOLOGY TEST RESULTS. ANY DEVIATION FROM THE BETHESDA SYSTEM LANGUAGE AND TERMINOLOGY MUST BE MUTUALLY AGREED UPON IN ADVANCE. LAB SHALL STATE "FOLLOW UP PER ADPH PROTOCOL" ON ALL SPECIMENS REQUIRING FOLLOW UP BY ADPH PROTOCOL.
- * LABORATORY MUST INDICATE EXPERIENCE IN PROVIDING LIQUID-BASED CERVICAL CYTOLOGY AND HPV TESTING (E.G. NUMBER OF YEAR'S EXPERIENCE, NUMBER OF TESTS PERFORMED ANNUALLY, USE OF HOLOGIC IMAGING SYSTEM IF APPLICABLE, ETC.)
- * ASSURANCE OF THE AVAILABILITY FOR ADPH AGENCY STAFF TO CONSULT LABORATORY PERSONNEL, PREFERABLY A CYTOPATHOLOGIST OR SUPERVISING CYTOTECHNOLOGIST, DURING NORMAL BUSINESS HOURS REGARDING PAP SMEAR RESULTS AND MANAGEMENT.
- * IF THE LABORATORY'S ASC/SIL RATIO OR PERCENTAGE INCIDENCE OF OTHER ABNORMAL CASES FALLS OUTSIDE OF THE 5TH OR 95TH PERCENTILES, INCLUDE DOCUMENTED REASONS.
- * THE LABORATORY MUST HAVE A COMPUTER SYSTEM WHICH PRODUCES ALL CYTOLOGY AND HPV REPORTS, MONTHLY STATISTICAL DATA AND ITEMIZED BILLING BY CLINICAL SITE; IT MUST PROVIDE FOR THE PROPER ACCESSION OF SPECIMENS AS THEY ARE RECEIVED FROM CLINICS STATEWIDE, AND FOR THEIR ORDERLY HANDLING, PREPARATION, STAINING, ETC. THE LABORATORY MUST PROVIDE MATERIALS AND SUPPLIES FOR THESE ANALYTICAL PROCEDURES.
- * A PLAN FOR PROVIDING ONSITE ORIENTATION ON SPECIMEN COLLECTION, SPECIMEN PACKAGING, TRANSPORT AND OTHER ISSUES RELATED TO PROVIDING

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LIQUID-BASED CERVICAL CYTOLOGY AND HPV TESTING, AND FOR ON-GOING TRAINING AND INFORMATION FOR CLINIC STAFF PARTICIPATING IN THE PROJECT. INDICATE THE PROCESS ADPH CLINICS WILL NEED TO FOLLOW IN PREPARING THINPREP AND HPV SPECIMENS FOR SHIPMENT, UTILIZING STANDARD PACKING AND SHIPPING PROCEDURES FOR RECEIPT BY THE LABORATORY (E.G. COLLECTION DEVICES, MAILERS, COURIER SERVICES, ETC.)

- * THE LABORATORY'S POLICIES AND PROCEDURES FOR THE PROCESSING AND STORAGE OF SPECIMENS.
- * A DESCRIPTION OF TURNAROUND TIME FOR RESULTS WHICH SHOULD NOT EXCEED SEVEN (7) BUSINESS DAYS FROM RECEIPT OF SPECIMEN. INCLUDE THE METHODS FOR REPORTING THE RESULTS OF THE THINPREP PAP SMEAR AND HPV TESTS TO PROVIDERS. TEST RESULTS NEEDING IMMEDIATE ATTENTION SUCH AS AN HSIL ARE TO BE FAXED, PHONED OR ELECTRONICALLY SENT BASED ON MUTALLY AGREED UPON PROCEDURES, TO THE APPROPRIATE CLINIC SITE AT THE TIME OF REPORTING.
- * THE TYPES OF REPORTS, INCLUDING TEST RESULTS AND STATISTICAL REPORTS THAT WILL BE PROVIDED TO CLINICS IN THE PROJECT. SAMPLES OF REPORTS TO INCLUDE INDIVIDUAL CLIENT TEST RESULTS, STATISTICAL REPORTS, AND ANY ADDITIONAL REPORTS SUCH AS SUMMARIES OF CLIENTS WITH ABNORMAL TEST RESULTS SHOULD BE INCLUDED WITH THE PROPOSAL. THE FREQUENCY OF STATISTICAL REPORTS AND THE ABILITY OF THE LABORATORY TO PRODUCE ANY SPECIAL REPORTS SHOULD ALSO BE ADDRESSED. INCLUDE DETAILS ON THE MECHANISM THAT REPORTS CAN BE TRANSFERRED TO COUNTY AND STATE LEVEL SITES (SUCH AS FAX, INTERNET BASED ACCESS, A SPECIFIC COMPUTER SOFTWARE PACKAGE, ETC.)
- * THE LABORATORY'S POLICIES AND PROCEDURES FOR MAILING SLIDES FOR REVIEW (INCLUDE DETAILS FOR EXTERNAL REVIEW OF NORMAL SLIDES OR SLIDES FOR LEGAL REVIEW, ETC.)
- * AGREEMENT TO AN ONSITE VISIT TO THE LABORATORY BY REPRESENTATIVES OF THE AGENCY, INCLUDING COVERAGE OF EXPENSES; INCLUDES MAXIMUM OF TWO PEOPLE EVERY TWO YEARS.
- * CURRENT LIABILITY INSURANCE COVERAGE.
- * INCLUDE LISTING OF ALL DAYS CONSIDERED TO BE HOLIDAYS BY THE LABORATORY.

II SERVICE SPECIFICATIONS:

- * ANY PHYSICIAN READING AND REPORTING UPON (SMEARS) MUST POSSESS EITHER A REGULAR OR A SPECIAL PURPOSE LICENSE FROM THE STATE OF ALABAMA BOARD OF MEDICAL EXAMINERS IN ACCORDANCE WITH CHAPTER 24 OF TITLE 34 OF THE CODE OF ALA., 1975.
- * LABORATORY MUST SHOW EVIDENCE OF THE PROCESSING, INTERPRETATION, AND REPORTING OF A MINIMUM OF 60,000 OR MORE THINPREP PAP SMEAR CASES DURING EACH OF THE PAST THREE YEARS.
- * LABORATORY MUST USE THE FDA APPROVED THINPREP LIQUID BASED PAP SMEAR MANUFACTURED BY HOLOGIC CORPORATION. A UNIT PRICE FOR THE THINPREP PAP TEST MUST BE INCLUDED IN THIS PROPOSAL WITH AND WITHOUT THE USE OF THE HOLOGIC THINPREP IMAGING SYSTEM, IF APPLICABLE.
- * LABORATORY MUST USE THE FDA APPROVED HPV REFLEX - HYBRID CAPTURE II TEST FOR HIGH RISK TYPING MANUFACTURED BY DIGENE. THE LABORATORY MUST BE ABLE TO PERFORM HPV TESTING ON THE SAME SAMPLE SUBMITTED FOR THE INITIAL LIQUID-BASED PAP TEST. LABORATORY SHOULD INDICATE IF IT PROVIDES AN HPV-ONLY TESTING OPTION (VIA HPV-ONLY VIAL). IF HPV TESTING IS NOT DONE ONSITE, PROVIDE A DESCRIPTION OF HOW THE TESTS ARE PROCESSED. A UNIT PRICE PER HPV TEST MUST BE INCLUDED IN

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THIS PROPOSAL.

- * LABORATORY MUST USE THE 2001 BETHESDA CLASSIFICATION SYSTEM OF REPORTING CYTOLOGY TEST RESULTS. THE LAB MUST PROVIDE A SAMPLE OF THE NARRATIVE DESCRIPTIVE NOMENCLATURE ROUTINELY UTILIZED ON THINPREP LAB REPORTS.
- * THE LABORATORY MUST COMPLETE ALL TASKS INVOLVING THE PROCESSING, INTERPRETATION, CLINIC REPORT PREPARATION, AND RETURN OF PAP SMEAR REPORTS TO THEIR RESPECTIVE ORIGINATING CLINICS WITHIN SEVEN (7) WORKING DAYS OF THE RECEIPT OF RAW SPECIMENS IN LABORATORY.
 - A. ADDITIONAL TURNAROUND TIME FOR HPV TESTING SHOULD BE DESCRIBED IN THIS PROPOSAL IF BEYOND 7 DAYS FROM RECEIPT OF SPECIMEN.
- * LABORATORY AGREES THAT ANY DISPUTES WILL BE HANDLED UNDER ALABAMA LAW.
- * QUALITY ASSURANCE:
LABORATORY MUST HAVE IN PLACE A WELL DEFINED, DOCUMENTED, CONTINUOUS INTERNAL AS WELL AS EXTERNAL QUALITY CONTROL PROGRAM AS STIPULATED BY CLIA REGULATION.
- * SUPPLIES/FORMS:
THE LABORATORY WILL BE RESPONSIBLE FOR ALL PAP SMEAR SPECIMENS REACHING ITS FACILITY. THIS WILL INCLUDE THE LABORATORY FURNISHING TO CLINIC SITES STATEWIDE ALL SUPPLIES NECESSARY TO COLLECT AND TRANSPORT THE SPECIMENS FROM THE CLINIC SITES TO THE LABORATORY. THE LABORATORY MUST FURNISH A SAMPLE COLLECTION KIT, MAILING SUPPLIES AND LABORATORY REQUISITION FORM WITH THIS PROPOSAL.
 - A. THE LAB WILL ACCEPT PHONE, FAX OR WEB REQUESTS FOR SUPPLIES. LAB SUPPLIES SHOULD BE RECEIVED IN CLINICS WITHIN 7 WORKING DAYS FROM REQUEST. INCLUDE A DESCRIPTION OF AN AUTOMATIC REORDERING PROCESS IF AVAILABLE.
 - B. THE UNIT PRICE SUBMITTED BY LABORATORY FOR THINPREP PAP SMEAR TEST AND HPV TEST MUST INCLUDE ALL COSTS FOR SPECIMEN COLLECTION DEVICES, TRANSPORT SUPPLIES, AND SHIPPING AND HANDLING TO AND FROM THE LABORATORY.
- * DATA:
LABORATORY HAS THE CAPABILITY OF PROVIDING DATA REPORTS AS SPECIFIED BY THE DEPARTMENT SUCH AS:
 - A. THE OVERALL RATES OF ASC-US, LSIL, HSIL, AGC, CIN, UNSATISFACTORY AND HPV POSITIVE RESULTS.
 - B. THE PERCENTAGE OF LABORATORY ASC-US CASES THAT ARE HPV HIGH RISK POSITIVE.
 - C. A QUARTERLY CLINIC SITE LIST BY PATIENT NAME, PATIENT ID NUMBER, PROGRAM FROM WHICH SPECIMEN WAS OBTAINED (FAMILY PLANNING BREAST AND CERVICAL CANCER PROGRAM, MATERNITY, ETC.), DATE SPECIMEN RECEIVED, DATE RESULTS REPORTED, PROVIDER NAME OR NUMBER ON ALL PATIENTS WITH ABNORMAL FINDINGS.
 - D. A MONTHLY REPORT THAT ADDRESSES WHICH PATIENTS AT AN INDIVIDUAL SITE REQUIRE FOLLOW-UP DUE TO ABNORMAL FINDINGS.
 - E. A SEMI-ANNUAL AND ANNUAL REPORT THAT REFLECTS THE TOTAL PAP SMEARS BY AGE, RACE, AND DIAGNOSIS BY CLINIC SITE, COUNTY, AND STATE TOTALS.
 - F. A QUARTERLY REPORT THAT ADDRESSES UNDUPLICATED PATIENT BY DIAGNOSIS, CLINIC SITE AND PROVIDER.
 - G. AN ANNUAL REPORT THAT GIVES THE TOTAL NUMBER OF PAP TESTS BY CLINIC SITE, BY PROVIDER AND THE TOTAL NUMBER OF UNSATISFACTORY PAP TESTS.
- * PAYMENT:
SUBMIT REIMBURSEMENT VOUCHERS OR INVOICES FOR THINPREP PAP TESTS AND HPV TESTS PERFORMED AT EACH HEALTH DEPARTMENT LOCATION, IN A FORMAT SPECIFIED BY THE DEPARTMENT. AT A MINIMUM, INVOICING SHOULD BE PERFORMED ONCE EACH MONTH, AND INCLUDE:
 - A. LOCATION OF THE SPECIFIC CLINIC

SPECIAL TERMS & CONDITIONS

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- B. TYPE OF TEST(S) PROCESSED BY PATIENT NAME (INITIAL + SURNAME),
AND HEALTH DEPARTMENT PATIENT IDENTIFICATION NUMBER
- C. DATE SPECIMEN COLLECTED
- D. TOTAL AMOUNT DUE

* REFERENCES:
IT WOULD BEHOOVE THE VENDOR TO FURNISH A LIST OF THE AGENCIES/
PRIVATE BUSINESSES AND CONTACT PERSONS FOR WHOM SIMILAR WORK HAS
BEEN DONE.

PROPOSAL CHECKLIST: DID LABORATORY INCLUDE THE FOLLOWING:

1. PATHOLOGISTS CREDENTIALS
2. PROOF OF CLIA CERTIFICATION
3. CYTOTECHNOLOGISTS CREDENTIALS
4. LABORATORY ORGANIZATIONAL CHART
5. DESCRIPTION OF QA PROCESS
6. SAMPLE OF THE BETHESDA NARRATIVE DESCRIPTIVE NOMENCLATURE
ROUTINELY UTILIZED ON THINPREP LAB REPORTS
7. EXPERIENCE IN THE USE OF THINPREP PAP TESTS AND HPV TESTS -
NUMBER OF YEAR'S EXPERIENCE WITH TESTING, NUMBER OF TESTS
PERFORMED ANNUALLY, USE OF HOLOGIC IMAGING SYSTEM IF APPLICABLE,
ETC.
8. DESCRIPTION OF CLINICAL OR TECHNICAL SUPPORT AVAILABLE TO ADPH
STAFF DURING NORMAL WORKING HOURS (TOLL FREE NUMBERS, CASE
SPECIFIC REVIEWS, ETC.)
9. IF THE LABORATORY'S ANNUAL ASC/SIL RATIO OR PERCENTAGE INCIDENCE
OF OTHER ABNORMAL CASES FALLS OUTSIDE OF THE 5TH OR 95TH
PERCENTILES, INCLUDE DOCUMENTATION OF REASONS IF APPLICABLE.
10. DESCRIPTION OF THE LABORATORY POLICY AND PROCEDURE FOR PROCESS-
ING SPECIMENS AND ORIENTING ADPH STAFF REGARDING BUT NOT
LIMITED TO THE DISTRIBUTION OF SPECIMENS; PROCESS FOR ACCEPTANCE
OF SUPPLY ORDER FORMS FROM CLINIC SITES; ACCESSION OF SPECIMENS
UPON RECEIPT AT LABORATORY; THE PROCESSING AND STORAGE OF
SPECIMENS; TURNAROUND TIME AND REPORTING OF LAB RESULTS,
INCLUDING THOSE NEEDING IMMEDIATE ATTENTION SUCH AS AN HSIL.
DESCRIBE PERTINENT DETAILS REGARDING THE TRANSFER OF REPORTS TO
COUNTY AND STATE LEVEL SITES (SUCH AS FAX, INTERNET BASED
ACCESS, SPECIFIC SOFTWARE, ETC.)
11. DESCRIPTION OF LABORATORY REPORTING OF DATA (INCLUDING THE
MECHANISM FOR PROVIDING REPORTS SUCH AS LAB SOFTWARE, INTERNET
BASED ACCESS, FAXING, ETC.) INCLUDE SAMPLES OF REPORTS SUCH AS
ASCUS, HSIL, HPV TESTS BY RESULT, ETC.
12. DESCRIPTION OF POLICY/PROCEDURE REGARDING MAILING SLIDES FOR
REVIEW
13. DESCRIPTION OF AGREEMENT TO ONSITE VISIT BY ADPH PERSONNEL
14. PROOF OF INSURANCE COVERAGE
15. INCLUDE LISTING OF ALL DAYS CONSIDERED TO BE HOLIDAYS BY
LABORATORY
16. A SAMPLE COLLECTION KIT, MAILING SUPPLIES, AND LABORATORY
REQUISITION FORM
17. UNIT PRICE FOR THINPREP PAP TEST
18. UNIT PRICE FOR THINPREP PAP TEST USING HOLOGIC IMAGING SYSTEM
IF APPLICABLE
19. UNIT PRICE FOR HPV TESTING USING DIGENE HYBRID CAPTURE II. IF
TESTING IS NOT DONE ONSITE, PROVIDE DESCRIPTION OF PROCESSING OF
TESTS
20. CONTACT INFORMATION FOR REFERENCES

ATTACHMENTS

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PRICE SHEET

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INVITATION TO BID

LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED AMOUNT
UNLESS SPECIFIED OTHERWISE BELOW:					
SHIP TO: R1 /					
STATEWIDE					
00001	COMMODITY CODE: 961-48-087544 PAP SMEAR, CYTOPATHOLOGICAL ANALYSIS OF LIQUID BASED SPECIMEN(THINPREP) FOR THE DETECTION OF CANCER, AND OTHER ABNOMALITIES WITHOUT THE USE OF HOLOGIC AUTOMATED IMAGING SYSTEM. CPT CODE - 88142. ESTIMATED VOLUME - 50,000	1	SLIDE		
00002	COMMODITY CODE: 961-48-089350 HPV TESTING, HIGH RISK HPV DNA TESTING PERFORMED USING DIGENE'S HYBRID CAPTURE 2 TECHNOLOGY. CPT CODE - 87621. ESTIMATED ANNUAL USEAGE - 5,000	1	EA		
00003	COMMODITY CODE: 961-48-091737 PAP SMEAR CYTOPATHOLOGICAL ANALYSIS OF LIQUID BASED SPECIMEN(THINPREP) FOR THE DETECTION OF CANCER, AND OTHER ABNOMALITES WITH THE USE OF HOLOGIC AUTOMATED IMAGING SYSTEM. CPT CODE - 88175. ESTIMATED VOLUME OF PAP SMEARS WITH AUTOMATED IMAGING SYSTEM - 5,000. ESTIMATED VOLUME OF PAP SMEARS PROCESSED WITH AND/OR WITHOUT AUTOMATED IMAGING SYSTEM - 55,000. POINT OF CONTACT LAURIE STOUT 334/206-2905.	1	EA		

PAGE TOTAL

BID TOTAL